

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>10824874</i>	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP				
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16		(1)					66			
17		(1)					67			
18							68			
19							69			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	13	←	→	→			TOTAL DEP.	←	→	→
TOTAL CLAIMS	17	[QR]	[QR]	[QR]	[QR]	[QR]	TOTAL CLAIMS	[QR]	[QR]	[QR]